

the cause is to be sought in reflex excitation of the heat-centre through the stimulation of the uterus. The high color of the urine was probably produced by the glycerin.

SARCOMA OF THE CHORIAL VILLI.

GOTTSCHALK (*Archiv für Gynäkologie*, 1894, B. xlv., H. 1) contributes an exhaustive article relative to sarcoma of the villi of the chorion. The disease appears some weeks after an abortion, with symptoms of irregular and severe hemorrhages alternating with serous discharges. Recurrent curettage of the uterus gives no permanent relief, but reveals masses of dark-red or brown club-like bodies. These masses are tufts of altered chorion which extend deep into the muscular wall, so that the finger can easily advance through the softened wall, and a curette could easily pass through. It seems as though no musculature remained at the placental spot. Violent cough and extirpation of the uterus is of any use, early operation being necessary. Vomiting present themselves, but rarely fever. No treatment save total immediately after removal of the uterus the cough and vomiting cease, but may later return, and as metastatic growths are found in the brain, this second onset may be cerebral. Foci of disease may also be found in the lungs. Timely removal of the uterus may add six months of comfort to the woman's life. Examination of the uterus after section gives evidence of a very malignant, large-celled new-growth of the placental tufts, involving stroma and epithelium. This rapidly leads to metastatic foci by means of the blood-vessels, these foci agreeing with the primitive formations, and like these they consist of agglomerations of malignant tuft-masses. The diagnosis is based on the microscopic examinations of removed uterine contents. Club-shaped, tailed, or large cells, with giant nuclei that swell under chromatin, and taking the place of the cells of the normal villous stroma, indicate surely this disease. If in a suspicious case one of these altered tufts be found, remove the uterus at once.

INTRA- AND EXTRA-UTERINE FŒTATION AT FULL TERM; CÆSAREAN SECTION.

FRANKLIN (*British Medical Journal*, 1894, No. 1741) reports the case of a woman, the mother of five children, whose history was one of lingering labors. As the patient's condition showed a pronounced state of collapse, the abdomen was immediately opened, and a most interesting condition disclosed. The abdominal wall was as thin as parchment. The uterus presented, and it was noticed that the placental attachment was in the anterior wall, exactly where the incision should be made. On opening the uterus, a full-term, living male child was easily extracted, together with the placenta. After delivery the uterus and appendages were removed. Having secured the uterine stump, it was noticed that a large swelling arose from the pelvic cavity and was accompanied by a free hemorrhage.

On manipulation the tightened capsule of the supposed tumor ruptured, and a dead full-term fœtus was liberated. The child lay with the vertex in Douglas's cul-de-sac behind the stump of the amputated uterus. Great hemorrhage accompanied the delivery of the second child, the blood coming

from Douglas's cul-de-sac, the cæcum, and intestines, to which organs the placenta was attached. The patient lived about half an hour after the operation, transfusion and restoratives being tried in vain.

PÆDIATRICS.

UNDER THE CHARGE OF

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EXTREME PROLAPSE OF FEMALE URETHRA IN A CHILD.

BRYANT (*Lancet*, May 12, 1894, p. 1189) reports a case of this kind in a girl of six years. For three years preceding, at intervals of many months, the child had on four occasions suffered from genital irritation, with discharge from the vulva of blood-stained mucus; but, as these symptoms passed off after the lapse of a few days, no professional advice had been sought. The attack reported came on five days before Mr. Bryant saw her, with local genital irritation and straining, which being supposed by the mother to be connected with the bowel, was treated with home remedies. On the third day, as the symptoms had steadily increased in severity and the discharge of blood-stained mucus had become more copious, medical aid was sought, and two days later Mr. Bryant saw the case in consultation. At that time the genital organs were bathed with blood-stained mucus, and between the labia was a cherry-red, blood-oozing, projecting mass about three-quarters of an inch in diameter, and of the same elevation, with a more or less central orifice surrounded by folds of congested mucous membrane, through which a catheter was readily passed into the bladder. Under chloroform the urethra was dilated and the bladder explored by the finger, but with a negative result, and during this operation the prolapsed urethra was reduced. The case subsequently did well.

ACUTE YELLOW ATROPHY OF THE LIVER IN A CHILD.

MERKEL (*Münchener medicinische Wochenschrift*, January, 1894), records an unusual case of this disease occurring in a child of six years. The first symptoms noticed were malaise and loss of appetite, followed by jaundice, the temperature then being normal, but the pulse slightly increased in frequency. The tongue was furred, and the urine contained bile, but no albumin. The lower border of the liver could be felt two fingers' breadth below the costal margin. Eight days later the liver had considerably decreased in size, and could not be felt by palpation. The spleen, however, was enlarged. The jaundice had become intensified, and convulsions now